

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

PAM MYHRA FOR CONGRESS, INC

ADDRESS (number and street) ▼

P.O. BOX 3113



Check if different than previously reported. (ACC)

BURNSVILLE

MN

55337

2. FEC IDENTIFICATION NUMBER ▼

C

C00589267

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

MN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2015

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DIANE JOHNSON

Signature of Treasurer DIANE JOHNSON

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

31

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 31

Write or Type Committee Name

**PAM MYHRA FOR CONGRESS, INC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 / 01 / 2015

To:

M M / D D / Y Y Y Y  
12 / 31 / 2015

	<b>COLUMN A This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	36566.98	36566.98
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	36566.98	36566.98
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	15826.28	15826.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	15826.28	15826.28
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	20740.70	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	20377.57	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 31

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

PAM MYHRA FOR CONGRESS, INC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

12150.00

12150.00

(ii) Unitemized.....

22679.00

22679.00

(iii) TOTAL of contributions from individuals ▶

34829.00

34829.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

1737.98

1737.98

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

36566.98

36566.98

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

## 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

0.00

0.00

## 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

0.00

0.00

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

36566.98

36566.98

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 31

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15826.28	15826.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	15826.28	15826.28

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36566.98
25. SUBTOTAL (add Line 23 and Line 24).....	36566.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15826.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20740.70

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**BARBARA ANDERSON**

Mailing Address 11412 MISSISSIPPI DR N

City

CHAMPLIN

State

MN

Zip Code

55316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**ROBERT COOPER**

Mailing Address 4556 N VILLA RIDGE WAY

City

BOISE

State

ID

Zip Code

83703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2015

Transaction ID : SA11AI.5025

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**MATTHEW DAY**

Mailing Address 13021 CIRCLE DR

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WELLS FARGO

Occupation

UNDERWRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**PAM MYHRA FOR CONGRESS, INC**

**A.** Full Name (Last, First, Middle Initial)  
**JULIE FRANCIS**

Mailing Address 3331 W 220TH ST

City State Zip Code  
 JORDAN MN 55352

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 HOMEMAKER HOMEMAKER

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 24 2015

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT HATCH**

Mailing Address 601 W 55TH ST

City State Zip Code  
 KANSAS CITY MO 64113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 CEREAL INGREDIENTS CEO

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 30 2015

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**TATNALL HILLMAN**

Mailing Address 504 W BLEEKER ST

City State Zip Code  
 ASPEN CO 81611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 11 2015

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period

2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3950.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**ARTHUR HILSINGER****A.**

Mailing Address 8 JACKSON POND RD

City

DEDHAM

State

MA

Zip Code

02026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

**Transaction ID : SA11AI.5233**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**ANDREW HOLLENBECK****B.**

Mailing Address 10607 YOSEMITE RD

City

BLOOMINGTON

State

MN

Zip Code

55437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THOMSON REUTERS

Occupation

TECHNICAL SPECIALIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2015

**Transaction ID : SA11AI.4100**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**PAUL HUSBY****C.**

Mailing Address 80 LA BARRANCA DR

City

SEDONA

State

AZ

Zip Code

86351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

**Transaction ID : SA11AI.4602**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**DAVID KEYSTON**

Mailing Address PO BOX 7066

City

CARMEL

State

CA

Zip Code

93921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SA11AI.5235

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**ALICE KONZE**

Mailing Address 7318 RIVERHILL RD

City

OXON HILL

State

MD

Zip Code

20745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : SA11AI.4799

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**MARK MATYCHUK**

Mailing Address 13312 PENN AVE S

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BETHESDA CHURCH

Occupation

PASTOR

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2015

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**MARION MOORE**

Mailing Address 8201 COUNTY ROAD 108C

City

ALVARADO

State

TX

Zip Code

76009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		21		2015

Transaction ID : SA11AI.5133

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

FINANCIAL ANALYST

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

404.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		07		2015

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period

404.46

In-kind - WEB DOMAIN NAMES

Full Name (Last, First, Middle Initial)

**CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

FINANCIAL ANALYST

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

424.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		11		2015

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

774.46

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

PAM MYHRA FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHARLES MYHRA

A.

Mailing Address 13220 ELM LANE

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

429.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

CHARLES MYHRA

B.

Mailing Address 13220 ELM LANE

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2329.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SA11AI.5634

Amount of Each Receipt this Period

1900.00

Full Name (Last, First, Middle Initial)

CHARLES MYHRA

C.

Mailing Address 13220 ELM LANE

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

FINANCIAL ANALYST

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2393.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period

64.00

In-kind - Mailing List

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1969.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

PAM MYHRA FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHARLES MYHRA

A.

Mailing Address 13220 ELM LANE

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2449.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2015

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period

56.43

In-kind - OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)

CHARLES MYHRA

Mailing Address 13220 ELM LANE

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2496.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4268

Amount of Each Receipt this Period

46.91

In-kind - FOOD FOR MEETING

C.

Full Name (Last, First, Middle Initial)

CHARLES MYHRA

Mailing Address 13220 ELM LANE

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2532.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		16		2015

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period

36.00

In-kind - FOOD FOR MEETING

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

139.34

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

FINANCIAL ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.5562

Amount of Each Receipt this Period

167.20

Full Name (Last, First, Middle Initial)

**KRISTIN MYHRA**Mailing Address 250 CARLSON PKWY  
APT 212

City

MINNETONKA

State

MN

Zip Code

55305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

IT RISK &amp; CONTROL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2015

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**KRISTIN MYHRA**Mailing Address 250 CARLSON PKWY  
APT 212

City

MINNETONKA

State

MN

Zip Code

55305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

IT RISK &amp; CONTROL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

917.20

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**GRETCHEN OTTERBLAD**

Mailing Address 4200 HOWARD AVE

City

WESTERN SPRINGS

State

IL

Zip Code

60558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INGREDION, INC

Occupation

ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2015

Transaction ID : SA11AI.5582

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**DENNIS POWELL**

Mailing Address 119 BURNSVILLE S

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HENNEPIN COUNTY MEDICAL CENTER

Occupation

PARAMEDIC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

12150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 31

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**PAMELA J MYHRA****A.**

Mailing Address P.O. BOX 3113

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.**C** H6MN02156Name of Employer  
HOMEMAKEROccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

180.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		03		2015

**Transaction ID : SA11D.5550**

Amount of Each Receipt this Period

180.00

In-kind - 36 HATS

Full Name (Last, First, Middle Initial)

**PAMELA J MYHRA****B.**

Mailing Address P.O. BOX 3113

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.**C** H6MN02156Name of Employer  
HOMEMAKEROccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

201.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		12		2015

**Transaction ID : SA11D.5639**

Amount of Each Receipt this Period

21.52

In-kind - TRAVEL INSURANCE

Full Name (Last, First, Middle Initial)

**PAMELA J MYHRA****C.**

Mailing Address P.O. BOX 3113

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.**C** H6MN02156Name of Employer  
HOMEMAKEROccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

218.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		12		2015

**Transaction ID : SA11D.5641**

Amount of Each Receipt this Period

17.00

In-kind - TRAVEL INSURANCE

**SUBTOTAL** of Receipts This Page (optional).....

218.52

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 31

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**PAMELA J MYHRA****A.**

Mailing Address P.O. BOX 3113

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.**C** H6MN02156Name of Employer  
HOMEMAKEROccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

229.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2015

**Transaction ID : SA11D.5643**

Amount of Each Receipt this Period

11.20

In-kind - AIRFARE

Full Name (Last, First, Middle Initial)

**PAMELA J MYHRA****B.**

Mailing Address P.O. BOX 3113

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.**C** H6MN02156Name of Employer  
HOMEMAKEROccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

588.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2015

**Transaction ID : SA11D.5655**

Amount of Each Receipt this Period

358.70

In-kind - AIRLINE TICKET

Full Name (Last, First, Middle Initial)

**PAMELA J MYHRA****C.**

Mailing Address P.O. BOX 3113

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.**C** H6MN02156Name of Employer  
HOMEMAKEROccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

626.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

**Transaction ID : SA11D.5647**

Amount of Each Receipt this Period

15.00

In-kind - FOOD FOR EVENT

**SUBTOTAL** of Receipts This Page (optional).....

384.90

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 31

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**PAMELA J MYHRA****A.**

Mailing Address P.O. BOX 3113

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.**C** H6MN02156Name of Employer  
HOMEMAKEROccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

611.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 16 2015**Transaction ID : SA11D.5649**

Amount of Each Receipt this Period

23.00

In-kind - FOOD FOR EVENT

Full Name (Last, First, Middle Initial)

**PAMELA J MYHRA****B.**

Mailing Address P.O. BOX 3113

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.**C** H6MN02156Name of Employer  
HOMEMAKEROccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

670.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 17 2015**Transaction ID : SA11D.5645**

Amount of Each Receipt this Period

8.56

In-kind - OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

**PAMELA J MYHRA****C.**

Mailing Address P.O. BOX 3113

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.**C** H6MN02156Name of Employer  
HOMEMAKEROccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

662.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 17 2015**Transaction ID : SA11D.5648**

Amount of Each Receipt this Period

36.00

In-kind - FOOD FOR EVENT

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

67.56



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 31

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**PAMELA J MYHRA****A.**

Mailing Address P.O. BOX 3113

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.**C** H6MN02156Name of Employer  
HOMEMAKEROccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

737.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2015

**Transaction ID : SA11D.5646**

Amount of Each Receipt this Period

67.00

In-kind - FOOD FOR EVENT

Full Name (Last, First, Middle Initial)

**PAMELA J MYHRA****B.**

Mailing Address P.O. BOX 3113

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.**C** H6MN02156Name of Employer  
HOMEMAKEROccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1737.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

**Transaction ID : SA11D.5560**

Amount of Each Receipt this Period

1000.00

In-kind - CONSULTING

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

1067.00

1737.98

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**A. CAPITOL CAGING CORPORATION**Mailing Address 504 SHAW RD  
SUITE 217

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
PO BOX FEE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

749.00
--------

Transaction ID : SB17.4476

**B. DIRECT SUPPORT SERVICES**

Mailing Address 1155 15TH ST NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL EXPENSE

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

7930.43
---------

Transaction ID : SB17.4759

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
BANK SERVICE CHARGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2015

Amount of Each Disbursement this Period

199.00
--------

Transaction ID : SB17.5002

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8878.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**A. FLAVOR @ THE DEPOT**

Mailing Address 4800 W 123RD ST

City	State	Zip Code
SAVAGE	MN	55378

Purpose of Disbursement  
BAKERY ITEMS FOR EVENT

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

212.68
--------

Transaction ID : SB17.4122

**B. MARJORIE J HOLSTEN, ATTORNEY AT LAW**

Mailing Address 9601 ANNAPOLIS LANE N

City	State	Zip Code
MAPLE GROVE	MN	55369

Purpose of Disbursement  
LEGAL FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2015

Amount of Each Disbursement this Period

430.50
--------

Transaction ID : SB17.4277

**C. CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - WEB DOMAIN NAMES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

404.46
--------

Transaction ID : SB17.4132

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1047.64

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**A. CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
REIMBURSEMENT FOR APPLE STORE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2015

Amount of Each Disbursement this Period

99.00
-------

Transaction ID : SB17.4144

**[MEMO ITEM]****B. CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - Mailing List

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2015

Amount of Each Disbursement this Period

64.00
-------

Transaction ID : SB17.4198

**C. CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - OFFICE SUPPLIES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2015

Amount of Each Disbursement this Period

56.43
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Transaction ID : SB17.4207

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

120.43

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**A. CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
REIMBURSEMENT FOR GODADDY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

193.38
--------

Transaction ID : SB17.4272

**[MEMO ITEM]****B. CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - FOOD FOR MEETING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2015

Amount of Each Disbursement this Period

46.91
-------

Transaction ID : SB17.4271

**C. CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - FOOD FOR MEETING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

36.00
-------

Transaction ID : SB17.4270

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

82.91

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**A. CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
REIMBURSEMENT FOR VERIZON

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2015

Amount of Each Disbursement this Period

54.76
-------

Transaction ID : SB17.4275

**[MEMO ITEM]****B. CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
REIMBURSEMENT FOR POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

70.56
-------

Transaction ID : SB17.5565

**[MEMO ITEM]****C. CHARLES MYHRA**

Mailing Address 13220 ELM LANE

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
REIMBURSE CELL PHONE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2015

Amount of Each Disbursement this Period

50.06
-------

Transaction ID : SB17.5569

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**A. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
REIMBURSEMENT FOR POST OFFICE BOX

001

Category/  
Type

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

Amount of Each Disbursement this Period

33.00
-------

Transaction ID : SB17.4121

**[MEMO ITEM]****B. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
REIMBURSEMENT FOR BAKERY ITEMS FOR EVENT

007

Category/  
Type

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

212.68
--------

Transaction ID : SB17.4124

**[MEMO ITEM]****C. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
REIMBURSEMENT FOR TELEPHONE

001

Category/  
Type

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

110.86
--------

Transaction ID : SB17.4127

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**A. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - TRAVEL INSURANCE

002

Category/  
Type

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2015

Amount of Each Disbursement this Period

21.52
-------

Transaction ID : SB17.5640

**B. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - TRAVEL INSURANCE

002

Category/  
Type

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2015

Amount of Each Disbursement this Period

17.00
-------

Transaction ID : SB17.5642

**C. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - AIRFARE

002

Category/  
Type

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2015

Amount of Each Disbursement this Period

11.20
-------

Transaction ID : SB17.5644

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

49.72



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**A. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - AIRLINE TICKET

002

Category/  
Type

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2015

Amount of Each Disbursement this Period

358.70
--------

Transaction ID : SB17.5656

**B. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - FOOD FOR EVENT

007

Category/  
Type

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

23.00
-------

Transaction ID : SB17.5650

**C. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - FOOD FOR EVENT

007

Category/  
Type

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : SB17.5652

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

396.70

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**A. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - FOOD FOR EVENT

007

Category/  
Type

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: MN District: 02

Date of Disbursement

M M / D D / Y Y Y Y
12 / 17 / 2015

Amount of Each Disbursement this Period

36.00
-------

Transaction ID : SB17.5651

**B. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - OFFICE SUPPLIES

001

Category/  
Type

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: MN District: 02

Date of Disbursement

M M / D D / Y Y Y Y
12 / 17 / 2015

Amount of Each Disbursement this Period

8.56
------

Transaction ID : SB17.5654

**C. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement  
In-kind - FOOD FOR EVENT

007

Category/  
Type

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: MN District: 02

Date of Disbursement

M M / D D / Y Y Y Y
12 / 19 / 2015

Amount of Each Disbursement this Period

67.00
-------

Transaction ID : SB17.5653

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

111.56

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**A. PAMELA J MYHRA**

Mailing Address P.O. BOX 3113

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2015

City	State	Zip Code
BURNSVILLE	MN	55337

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
In-kind - CONSULTING

001

**Transaction ID : SB17.5561**

Candidate Name

Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: MN District: 02

Full Name (Last, First, Middle Initial)

**B. P2B STRATEGIES, INC**Mailing Address 4750 E 53RD ST  
SUITE 206

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2015

City	State	Zip Code
MINNEAPOLIS	MN	55417

Amount of Each Disbursement this Period

2139.27
---------

Purpose of Disbursement  
SIGNS & WEBSITE

001

**Transaction ID : SB17.4149**

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN PARTY OF MINNESOTA**

Mailing Address 2200 E FRANKLIN AVE #201

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2015

City	State	Zip Code
MINNEAPOLIS	MN	55405

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
PRESENTATION TABLE AT EVENT

011

**Transaction ID : SB17.4300**

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3389.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN PARTY OF MINNESOTA**

Mailing Address 2200 E FRANKLIN AVE #201

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2015

City	State	Zip Code
MINNEAPOLIS	MN	55405

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
DUES

011

Transaction ID : SB17.5597

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. VERIZON**

Mailing Address 264 E BROADWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2015

City	State	Zip Code
BLOOMINGTON	MN	55425

Amount of Each Disbursement this Period

50.06
-------

Purpose of Disbursement  
CELL PHONE SERVICE

001

Transaction ID : SB17.5570

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.06

14376.72

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CONSOLIDATED MAILING SERVICES**Nature of Debt (Purpose):  
**DIRECT MAIL SERVICE**Mailing Address 504 SHAW RD  
SUITE 206City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5622

Amount Incurred This Period

11331.85

Payment This Period

0.00

Outstanding Balance at Close of This Period

11331.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**DIRECT SUPPORT SYSTEMS, INC**Nature of Debt (Purpose):  
**LIST RENTAL**

Mailing Address 4095 RIVER FORTH DR

City State Zip Code  
FAIRFAX VA 22030

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5623

Amount Incurred This Period

1689.76

Payment This Period

0.00

Outstanding Balance at Close of This Period

1689.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**DONOR PRECISION, LLC**Nature of Debt (Purpose):  
**LIST RENTAL**

Mailing Address 1900 N CULPEPPER ST

City State Zip Code  
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5625

Amount Incurred This Period

463.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

463.20

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

13484.81

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**FORTHRIGHT STRATEGY**Nature of Debt (Purpose):  
**FUNDRAISING CONSULTING**Mailing Address 1155 15TH ST NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5627

Amount Incurred This Period

2678.22

Payment This Period

0.00

Outstanding Balance at Close of This Period

2678.22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**GREENER AND HOOK LLC**Nature of Debt (Purpose):  
**TRAVEL**

Mailing Address 1271 MOUNTAIN RD

City State Zip Code  
FRONT ROYAL VA 22630

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5598

Amount Incurred This Period

1682.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

1682.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**P2B STRATEGIES, INC**Nature of Debt (Purpose):  
**PRINTING**Mailing Address 4750 E 53RD ST  
SUITE 206City State Zip Code  
MINNEAPOLIS MN 55417

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5600

Amount Incurred This Period

2442.14

Payment This Period

0.00

Outstanding Balance at Close of This Period

2442.14

1) **SUBTOTALS** This Period This Page (optional) ▶

6802.61

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**PAM MYHRA FOR CONGRESS, INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SIMKINS ESCROW, LLC**

Nature of Debt (Purpose):

**CREDIT CARD PROCESSING FEES**

Mailing Address 29243 ST JUST DR

City State

Zip Code

UNIONVILLE

VA

22567

Outstanding Balance Beginning This Period

0.00

**Transaction ID : SD10.5629**

Amount Incurred This Period

90.15

Payment This Period

0.00

Outstanding Balance at Close of This Period

90.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ►

90.15

2) **TOTALS** This Period (last page this line number only) ..... ►

20377.57

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

20377.57